How to Submit Documents

You can submit the medical documents through your chain of command via fax, email, or mail.

Who You can Submit Documents to:

Unit

Battalion Medical Readiness NCO Brigade Medical Liaison State Surgeon's Office

Preventative Measures for Overall Good Health

- Exercise Regularly
- Healthy Diet
- Healthy Weight Control
- Practicing Proper Lifting and Carrying Techniques
- Smoking Cessation

Website Link to Low Cost Clinics

NeedyMeds

http://www.needymeds.org/free_clinics.taf

State Surgeon's Office Website

Includes:

- Staff Contact Information
- Forms and Regulations
- Brochures

http://www.calguard.ca.gov/G1/Pages/SSO.aspx



CA ARNG State Surgeon's Office 9800 Goethe Road (Box 31) Sacramento, CA 95826-9101 Fax: 916.854.4200

SSO Email: ng.ca.caarng.mbx.sso@mail.mil



Diabetes

(with no prior history or diagnosis)





Diabetes

Diabetes is a medical condition that occurs when your body can not utilize the sugar in your body properly. This is a long term condition that can result in other serious medical conditions. You will need to be evaluated by your medical provider for evaluation, diagnosis, and treatment.

Medically Non Deployable Status

You have been placed on Medically Non Deployable (MND) Status for Diabetes.
You need to submit appropriate medical documentation through the proper chain of command to clear your medical flag.



What the State Surgeon's Office Initially Needs from your Medical Provider:

- Diagnosis (what is your medical condition)
- Labs
 - -Repeat Fasting Lipid Panel
 - -Hemoglobin Alc test
- Prognosis (what your doctor thinks your likely outcome will be)
- Treatment Plan (dietary changes, lifestyle changes, medications, etc.)
- Comment on Functional Activity Limitations (permanent or temporary, with duration)
 - -What physical activities you can and cannot do (e.g. running, jumping, and lifting)

For your Medical Provider:

This patient is an Army National Guard Soldier identified on recent screening with FBS ≥126mg/dL. Army regulation requires further evaluation of this patient. Please repeat fasting labs, to include Hemoglobin Alc and any other studies deemed clinically relevant. Please provide lab results, diagnosis, prognosis and treatment plan, to include counseling and patient education on therapeutic lifestyle changes. Please comment on the patient's physical limitations (if any) on attached assessment sheet. Thank you.

Acceptable Medical Documents:

- Completed Standard Form 513 (SF 513)
- Office Visit/Provider Notes
- Results of any Radiographic Studies
- Results of any Diagnostic tests